Application No.	: 10/064,837	Confirmation No. 3118
Applicant:	: Aldo A. Laghi	
Filed:	: 08/22/2002	
TC/A.U.	: 3738	**RECEIVED**
Examiner	: Alvin J. Stewart	JUL 1 5 2004
Docket No.	: 1098.30	
Customer No.	: 21901	TECHNOLOGY CENTER R3700
For	: Dynamic Prosthetic Foot with Multiple Load Points	

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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MAY 6 - 2004

GROUP 3600

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.
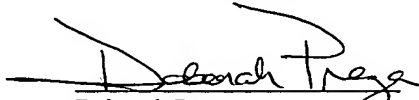
EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.
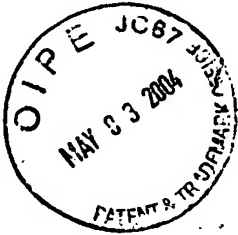

CERTIFICATE OF MAILING
(37 C.F.R. 1.8)

I HEREBY CERTIFY that this Amendment A, including Introductory Comments, Amendments to the Specification, Amendments to the Claims, Amendments to the Drawing Figures, and Remarks, is being deposited with the United States Postal Service by first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 30, 2004.

Dated: April 30, 2004

Deborah Preza
Deborah Preza

(Amendment Transmittal—page 1)

FEE FOR CLAIMS

4.   The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra	SMALL ENTITY Rate	Addit. Fee
Total	20	Minus	20	= 0	x $9 =	$0
Indep.	2	Minus	3	= 0	x $43 =	$0
First Presentation of Multiple Dependent Claim				+ $145 =		$0
				Total Addit. Fee		$0

*   If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
**   If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
***   If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
        The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,

_____
SIGNATURE OF PRACTITIONER

Reg. No. 28,761
Tel. No.: (727) 507-8558

Ronald E. Smith
Smith & Hopen, P.A.
15950 Bay Vista Drive, Ste. 220
Clearwater, FL 33760

(Amendment Transmittal—page 2)